

*An Easy Guide to*  
**Breastfeeding for  
African American  
Women**



*U.S. Department of Health and Human Services,  
Office on Women's Health*



*An Easy Guide to*  
**Breastfeeding for  
African American  
Women and Their  
Families**

*This guide is a supportive tool for African American women and their families who choose to breastfeed.*



## Dear Reader,

This Guide is to support you and your family with breastfeeding so you can succeed in every stage. It will help you learn that breastfeeding is a very special way to give your baby the best start at life. We know that our children are our future, and breast milk can give them a head start in their lives. Yet, we sometimes find it hard to get the breastfeeding help we need, and we might feel discouraged. This Guide can help you breastfeed despite every day challenges.

### **You will learn about:**

- benefits of breastfeeding for baby, mom, dad, and society
- why it's important to promote breastfeeding in the African American community
- tips to get off to a good start and for breastfeeding success
- answers to the most common breastfeeding questions and challenges
- where to go for help
- breastfeeding questions to ask your health care provider

This booklet, the 1-800-994-9662 toll-free number, and the **[www.womenshealth.gov](http://www.womenshealth.gov)** web site are designed to help you feel confident in your decision to breastfeed.

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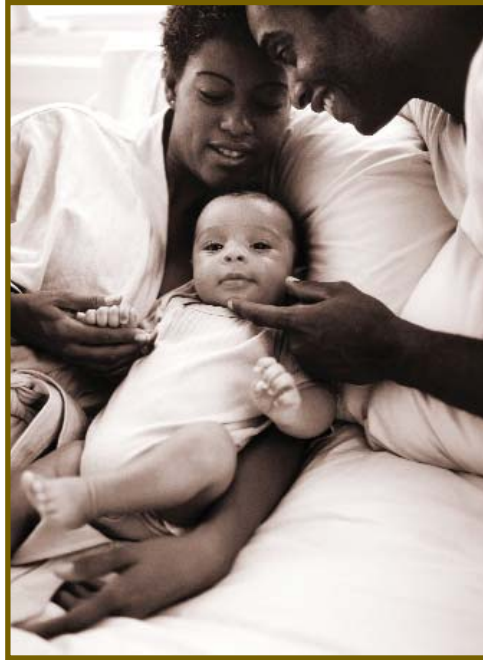


## Babies were born to be breastfed.

### For your baby

Breastfeeding is best for your baby because:

- recent studies show that babies who are exclusively breastfed for 6 months are less likely to develop ear infections, diarrhea, and respiratory illnesses. They may also be less likely to develop childhood obesity.
- breast milk has just the right amount of fat, sugar, water, and protein that is needed for a baby's growth
- most babies find breast milk easier to digest than formula
- most babies are not allergic to the protein in breast milk because it is a baby's natural food
- premature babies are healthier when they are breastfed



## **For Mom**

Breastfeeding is best for you because:

- it delays the return of the menstrual cycle
- breastfeeding mothers return to their pre-pregnancy weight faster
- it helps the uterus to get back to its original size more quickly and lessens any bleeding you may have after giving birth
- it reduces the chances of getting ovarian and pre-menopausal breast cancer
- it creates a strong mother/child bond
- breastfeeding mothers have more self-esteem

## **For Dad**

Breastfeeding is best for you because:

- it saves time and it's free — it can save the family budget hundreds of dollars
- you can enjoy the beauty of breastfeeding by simply sitting with mom and baby to enjoy the special mood that breastfeeding creates
- you can still help to care for your baby by giving him or her a bottle of pumped breast milk

## **For society**

Breastfeeding is best for society because:

- it saves on healthcare costs
- it adds to a more productive workforce since breastfeeding moms often need less time off to care for sick babies
- it creates a healthier society



## Why is breastfeeding important for African American women?

Nursing mothers and most health care providers agree that the benefits of breastfeeding are endless. Sadly, millions of African American parents don't take advantage of this form of infant nutrition. The breastfeeding rates of African American women are much lower than those of Whites and Latinas. In fact, only 19% of African American women breastfeed by the time their babies are 6 months old. African American teenage mothers are even less likely



to breastfeed. A hundred years ago, African women in America practiced a tradition of breastfeeding. This tradition should not be forgotten.

## Why are breastfeeding rates among African American women so low? What can we do about it?

- Breastfeeding is not seen as “normal” in our community. But, what could be more normal and natural than breastfeeding?
- Breastfeeding is thought to be painful. But, if it's done the right way, breastfeeding will not cause pain — it will bring joy.
- Our community is based on kinship. Our decision to breastfeed is directly linked to influence from our peers, which includes a husband or boyfriend, mother, grandmother, friend, or relative. It has been found that we are very likely to breastfeed if our husband supports it. So, we need to do more to help men understand breastfeeding.

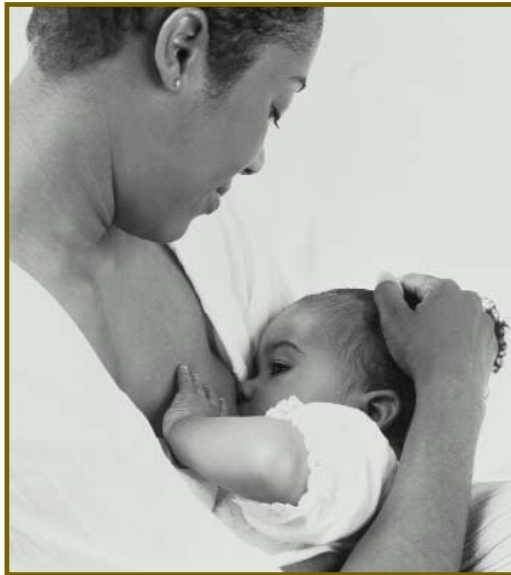


- We don't have access to helpful breastfeeding information. We often go through an entire pregnancy without getting any information on breastfeeding. Learning the benefits of breastfeeding should be a standard part of prenatal care.
- We are not given a choice about how we want to feed our babies. We are overloaded with coupons, samples, and booklets from infant formula companies.
- There are only a few booklets, posters, and other materials that show pictures of us breastfeeding our babies. But, there are many materials that show White women and Latinas breastfeeding. This lack of culturally sensitive images has helped support a belief that breastfeeding is no longer a part of our culture.

## Breastfeeding can be easy...

Here's what you can do:

- Get good prenatal care to help assure that you carry your baby to term so he/she won't need special care.
- Before you give birth, tell your health care provider about any previous breast surgery or injury. If your nipples appear flat or inverted (pulled inward), ask if it will affect how your baby latches on.
- Once you and your baby get started, breastfeeding can be easy. Breastfeeding is natural, but you, your body, and the baby may need time to get adjusted.



- Breastfeeding is not painful, although your nipples may be more sensitive at first. Ask for help if it is painful for you.
- Even though you might have to return to work even earlier than you would like, and think you do not have a place to pump your milk to give to your baby when you are together again, you can find ways to make breastfeeding work. This Guide will explain things you can do.
- Being a mother is a new journey with each baby. It is normal to worry a little and wonder. If you have questions or concerns, call us at 1-800-994-9662 (English and Spanish Breastfeeding Helpline) or go to your health care provider. Ask your health care provider to refer you to a lactation consultant. Lactation consultants should be available at the hospital where your baby was born but you may have to ask for someone who is trained in breastfeeding to come and assist you while you are in the hospital.



## How long you should breastfeed...

One of the best things that *only you* can do is to breastfeed your baby for as long as possible. The longer a mom and baby breastfeeds, the greater the benefits are for both mom and baby. Babies should be fed with breast milk only — no formula — for the first 6 months of life. Ideally, though, babies should receive breast milk through the first year of life. Solid foods can be introduced, while you continue to breastfeed, when your baby is 6 months old.





## Tips to get off to a good start...

- While you are pregnant, tell your health care provider that you want to breastfeed.
- Ask other women in your community who breastfed to share their stories.
- After the birth of your baby, you are excited and exhausted at the same time. You also might be anxious about whether your baby will catch on to breastfeeding. You might think breastfeeding is difficult or wonder if your baby is getting enough milk. Many new mothers have lots of questions. But with a little support and practice, breastfeeding can be a wonderful experience that will make you feel very special and close to your baby.
- It's important not to get frustrated if you are having problems. It is important to seek out the breastfeeding help that is around you. What works for one mother and baby may not work for you, so just focus on finding a comfortable routine and positions for you and your baby.
- Most breastfeeding counselors recommend avoiding bottle nipples and pacifiers for about the first month because they may get in the way of your baby learning to breastfeed. After you and your baby have learned to breastfeed well, you can begin giving your baby your expressed breast milk in a bottle.
- Your baby's weight will be checked at the one week and two week visits at the pediatrician. Both of these visits are important. If you have any questions or are concerned about the baby's weight, you can go back for a weight check more often.



**Here's what will happen with you, your baby, and your milk in the first few weeks:**

	<b>Milk</b>	<b>The Baby</b>	<b>You (the mom)</b>
<b>Birth</b>	Your body makes colostrum, a rich, thick, yellowish milk and in small amounts. It gives your baby a healthy dose of early protection against diseases.	Your baby will probably be awake in the first hour after birth and this is a good time for him or her to breastfeed.	You will be tired and excited. This is a good time to feed the baby.
<b>First 12-24 hours</b>	Your baby will drink about 1 teaspoon of colostrum at each feeding. You may not see the colostrum, but it has what the baby needs and in the right amount.	It is normal for the baby to sleep heavily. Labor and delivery are hard work for the baby. Some babies like to nuzzle and may be too sleepy to latch on well at first. Feedings may be short and not regular. As your baby wakes up, he or she will have a strong instinct to suck and feed every 1-2 hours. Many babies like to suck or lick, pause, savor, doze, then suck again. Ask the nurses not to give your baby any formula or water unless needed for medical reasons.	You will be tired too. Rest and get to know your baby. Your breasts may be a little tender at first. If breast-feeding hurts, ask for help from someone who knows about helping breast-feeding mothers. Breastfeeding should not hurt.

**If you want to learn more about breastfeeding, or need help with breastfeeding problems, call our Breastfeeding Helpline (in English or Spanish) at 1-800-994-9662. We're here for you, 9AM – 6PM EST!**



	<b>Milk</b>	<b>The Baby</b>	<b>You (the mom)</b>
<b>Day 2-5</b>	Your mature white milk comes in. It is normal for it to be yellow or golden at first.	Your baby will feed a lot (this helps your breasts make plenty of milk), at least 8-12 times or more in 24 hours. Breastfed babies don't eat on a schedule. Since breast milk is more easily digested than formula, and your baby's stomach is little, lots of feedings are normal. It is okay if your baby eats every 1-2 hours. Feedings will probably take about 15-20 minutes on each side, but all babies are different. The baby's sucking rhythm will be slow and long. You might hear gulping.	Your breasts will feel full and may leak. (You can use disposable or cloth pads in your bra to absorb the milk). If your breasts become swollen and hard, remove a little milk from your breasts before feeding your baby. Between feedings, use ice packs to reduce swelling which will go away in 1-2 days. Breastfeeding your baby helps reduce swelling.
<b>First 4-6 weeks</b>	Your milk may look bluish-white at the beginning of a feeding and creamy white towards the end of a feeding.	Your baby will likely be better at breastfeeding and have a larger stomach to hold more milk. Feedings may take less time and will be farther apart.	Your body gets used to breastfeeding so your breasts will be softer and the leaking will slow down. Don't worry. The milk is still there.

## How to hold your baby when you breastfeed...

1. Support your breast with your thumb on top and four fingers underneath. Keep your fingers behind the areola (the darker skin around the nipple). You may need to support your breast during the whole feeding, especially in the early days or if your breasts are large.
2. Tickle the baby's lip with your nipple to help get the baby's mouth to open wide.



3. Hug the baby in close with his or her whole body facing yours. Your baby will take a mouthful of all of the nipple and most of the areola. The baby should never be latched onto the nipple only.
4. Look for both of your baby's lips to be turned out (not tucked in or under) and relaxed — if you can't tell if the lower lip is out, press gently on the lower chin to pull the lower lip out. The tongue should be cupped under your breast.
5. You may see your baby's jaw move back and forth and hear low-pitched swallowing noises. Your baby's nose and chin may touch against your breast, but he/she is getting enough air. **Breastfeeding should not hurt. If it hurts, take the baby off of your breast and try again.** The baby may not be latched on right. Break your baby's suction to your breast by gently placing your finger in the corner of his/her mouth.



## Breastfeeding Positions

Here are some positions in which you can hold your baby while breastfeeding. You can choose the one(s) that you and your baby feel most comfortable in. No matter which one you choose, make sure your baby's mouth is near your nipple and he or she doesn't have to turn his or her head to breastfeed. For most positions, your baby should be on his/her side with his or her whole body facing yours. This helps him/her to properly "latch on" to the nipple. Try using pillows under your arms, elbows, neck or back, or under the baby for support.





1. **Cradle Hold:** This is a commonly used position that is comfortable for most mothers. Hold your baby with his or her head on your forearm and his or her whole body facing yours.



2. **Cross Cradle or Transitional Hold:** This is good for premature babies or babies who are having problems latching on. Hold your baby along the opposite arm from the breast you are using. Support baby's head with the palm of your hand at the base of his or her head.



3. **Clutch or "Football" Hold:** Good for mothers with large breasts or inverted nipples. Hold your baby at your side, lying on his or her back, with his or her head at the level of your nipple. Support baby's head with the palm of your hand at the base of his or her head.



4. **Side-Lying Position:** This allows mothers to rest or sleep while baby nurses. Good for mothers who have had a cesarean birth. Lie on your side with baby facing you. Pull baby close and guide his or her mouth to your nipple.



## Tips for breastfeeding success...

- **Nurse on demand.** Newborns need to nurse often, at least every 2 hours (the time from the beginning of one session to the next), and not on a strict schedule. This stimulates your breasts to make plenty of milk. Since breast milk is more easily digested than formula, breastfed babies eat more often than bottle-fed babies. Babies nurse less often as they get older and start solid foods. Watch your baby, not the clock, for signs of hunger, such as being more alert or active, mouthing (putting hands or fists to mouth and making sucking motion with mouth), or rooting (turning head in search of nipple). Crying is a late sign of hunger. **Feed your baby only breast milk for at least the first six months.** Nursing babies don't need water, sugar water, or formula. Giving other liquids lowers the baby's intake of vitamins from breast milk.
- **Delay artificial nipples (bottle nipples and pacifiers).** Most breastfeeding counselors recommend not using bottle nipples or pacifiers for about the first month because they may interfere with your baby's ability to learn to breastfeed. After you and your baby have learned to breastfeed well, you can give your baby some pumped breast milk in a bottle or a pacifier.
- **Breastfeed your sick baby during and after illness.** Many times, sick babies will refuse to eat but will keep breastfeeding. Breast milk will give your baby needed nutrients and prevent dehydration.
- **Air dry your nipples.** This can help keep them from cracking, which can lead to infection. If your nipples crack, coat them with breast milk or lanolin to help them heal. You don't have to wash your nipples with soap. This might remove helpful natural oils.
- **Watch for infection.** Signs of breast infection include fever, irritation, painful lumps, and redness in the breast. You need to see a health care provider right away if you have any of these symptoms.
- **Treat engorgement.** It is normal for your breasts to become larger, heavier, and a little tender when they start making lots of milk. But



sometimes, this normal fullness may turn into engorgement, when your breasts might become hard and painful. Treat it by feeding the baby often. You also can put warm, wet washcloths on your breasts or take warm baths to relieve pain. If the engorgement is severe, placing ice packs on the breasts between nursings may help. You can help prevent engorgement by positioning your baby right, and making sure he/she is latched on well and breastfeeds often. Talk with a health care provider if you continue to have problems.

- **Eat right and get enough rest.** You now need a healthy diet that includes 500 extra calories a day (about 2700 calories total) and try to drink at least eight cups of water per day to avoid dehydration. If you are on a strict vegetarian diet, you should talk with your health care provider about whether you need to increase your vitamin B12 intake. You also need to rest as much as you can, so you stay strong and healthy and can care for your baby. Breast infections also are worsened by being very tired.



## Your breastfeeding questions answered...

### What is colostrum?

In the beginning, your breasts contain special thick, yellowish milk called colostrum. Even though it seems like only a small amount of milk, there is enough to make your baby feel full. No other fluid comes close to being as good for your baby in the early days. Colostrum is special because it contains a lot of antibodies, which protect your baby from infection and from getting very sick. Colostrum also has a high amount of protein and is very easy for your baby to digest. As the days go by, and your mature (white) breast milk comes in, your baby still receives antibodies to fight infection.

### How do I know my baby is getting enough milk?

In the first few days, when you're in the hospital your baby should stay with you in your room if there are no problems with the delivery or with your baby's health. The baby will be sleepy. Don't expect the baby to wake you up when he or she is hungry. You will have to wake the baby every 1 to 2 hours to feed him or her. At first you will be feeding your baby colostrum. In the beginning, you can expect your baby to lose some weight. This is very normal and is not from breastfeeding. As long as the baby doesn't lose more than 7 to 10% of his or her birth weight during the first three to five days, he is getting enough to eat.



You can tell your baby is getting enough milk by keeping track of the number of wet and dirty diapers. In the first few days, when your milk is low in volume and high in nutrients, your baby will have only 1 or 2 wet diapers a day. After your milk supply has increased, your baby should have 5 to 6 wet diapers and 3 to 4 dirty diapers every day. Consult your pediatrician if you are concerned about your baby's weight gain.





**This chart shows the *minimum* amount of diapers for healthy, full-term babies. It is fine if your baby has more.**

<b>Baby's Age</b>	<b>Wet Diapers</b>	<b>Dirty Diaper's Color and Texture</b>
Day 1 (birth)	1	Thick, tarry and black
Day 2	2	Thick, tarry and black
Day 3	3	Greenish yellow
Day 4 (or when milk increases)	5-6	Greenish yellow
Day 5	5-6	Seedy, watery mustard color
Day 6	5-6	Seedy, watery mustard color
Day 7	5-6	Seedy, watery mustard color



After you and your baby go home from the hospital, your baby still needs to eat about every 1 to 2 hours and should need several diaper changes. You still may need to wake your baby to feed him or her because babies are usually sleepy for the first month. If you are having a hard time waking your baby, you can try

undressing or wiping his or her face with a cool washcloth. As your milk comes in after the baby is born, there will be more and more diaper changes. The baby's stools will become runny, yellowish, and may have little white bumpy "seeds."

You can feel good that your baby is getting enough to eat because your breasts will know how much milk your baby needs. If your baby needs to eat more or more often, your breasts will increase the amount of milk they produce. To keep up your milk supply when you give bottles of pumped breast milk for feedings, pump your milk when your baby gets the bottle.





### **Why does my baby want to eat so often?**

It is normal and important for new babies to breastfeed often. Your milk is the perfect match for what your baby needs. It is easily digested and your baby's stomach is

small, so your baby needs to “refill” often. After the first few weeks, your baby will be better at breastfeeding and will have a larger stomach to hold more. Feedings will spread out and begin to take less time. Staying close to your baby in the beginning helps you and your baby to learn together. When it is time for a growth spurt, your baby will eat more often. Growth spurts happen about every 2 weeks in the beginning, and then less often as the baby gets older. Remember, extra feedings tell your body to make more milk for your growing baby.

### **Can I breastfeed if my breasts are small?**

Of course! Breast size is not related to the ability to produce milk for a baby. Breast size is determined by the amount of fatty tissue in the breast, not by the amount of milk. Most women, with all sizes of breasts, can make enough milk for their babies.

### **Can I breastfeed if my nipples are too big, too small, too short, or inverted?**

Of course! The type of nipples you have are not as important as how you get your baby to latch on for breastfeeding. For breastfeeding, your baby does not latch on only to the nipple. The proper way to latch your baby on to your breast is to make sure his or her lips are around the areola (the darker area around the nipple) as much as possible. As long as rubber or



artificial nipples are not given to your baby in the first 4 weeks, he or she will likely adjust to whatever size and shape nipple you have. If you have concerns about your nipples, consult a breastfeeding specialist or lactation consultant since inverted or flat nipples can sometimes get in the way with breastfeeding in the beginning. Let your midwife, nurse, or doctor know that you want to breastfeed, and try to do it within the first hour after birth (if your baby has no complications). When introduced to your breast soon after birth, your baby will naturally know your nipples and breast, remember them, and will feel comfortable with them.

### **Will breastfeeding change the shape of my breasts?**

When you breastfeed, your breasts are naturally larger and fuller because they are making plenty of milk for your baby. After you wean your baby, your breasts may return to your pre-pregnancy size or sometimes a little bigger than that size. If you notice that your breasts sag more than they did before you got pregnant, this is natural too. But sagging breasts are not caused by breastfeeding alone. They can be caused by many different factors, such as aging, gravity, and stretching of the skin from pregnancy.

### **Does breastfeeding hurt?**

Some mothers at first have some tenderness that disappears as the days go by. Breastfeeding shouldn't hurt once that tenderness has passed. Your breasts and nipples are designed to deliver milk to your baby. When your baby is breastfeeding the right way, it should be calming and comfortable for both of you. If breastfeeding becomes painful, seek help from a breastfeeding specialist or a lactation consultant.

After the initial tenderness, breastfeeding should not hurt. If your baby is latched on and positioned properly, you should not feel pain. The baby's mouth should be wide open, with as much of the areola as far back into his/her mouth as possible. This reduces the chance of soreness for you. The baby should not nurse on the nipple only. If you feel pain, the baby is not latched onto your breast properly. You can loosen the baby's suction by inserting your finger gently into the corner of his or her mouth and then re-positioning the baby on your breast.



## What if I have sore nipples?

Once you are sure the latch and position are okay, try these tips:

- Start feeding on the least sore side first and try a different position with each feeding.
- Try putting a little breast milk or lanolin on the sore nipple and let it air dry.
- Don't tug if clothing or bra pads stick to your nipples. Wet clothing or pads before gently peeling them off.
- If sore nipples start after the first 3 weeks, ask your baby's doctor to check your baby for thrush. Thrush is a fungal infection that grows quickly in warm, damp places. If you or your baby has thrush, both you and your baby need to be treated at the same time. Be sure to see your health care provider for your treatment.



## What about lumps in my breast?

Lumps are common with early breastfeeding. As your body gets used to the milk being there, the lumps will likely go away. If the lump stays for more than a day or is uncomfortable, it might be a plugged milk duct. Use a heat pack before feeding, massage the lump and offer the side with the lump first. Breastfeed on that side often. It is important to also rest. In 1 or 2 days, the lump or plugged duct should go away. If it does not, see your health care provider.

Once in a while, a plugged duct can become a breast infection (mastitis). A breast infection will make you feel like you have the flu and give you a fever. Call your health care provider. He or she will prescribe antibiotics and you should feel much better in 1 or 2 days. You can still breastfeed while being treated for a breast infection. Be sure to use heat packs and massage the area, breastfeed often, and rest.



### **My breasts are full, hard, painful and my baby can't latch. What is wrong?**

It is normal for your breasts to become larger, heavier, and a little tender when they start making lots of milk. But sometimes, this normal fullness may turn into engorgement, when your breasts might become hard and painful.

Treat it by feeding the baby often. You also can put warm, wet washcloths on your breasts or take warm baths to relieve pain. If the engorgement is severe, placing ice packs on the breasts between nursings may help. You can help prevent engorgement by positioning your baby right, and making sure he or she is latched on well and breastfeeds often. Talk with a health care provider if you continue to have problems, especially if you get a fever.



### **What is jaundice? Why does it happen?**

Jaundice is a health problem in which there is extra bilirubin stored in the baby's body tissues and blood. Bilirubin is an orange-yellowish pigment that comes from the body's process of breaking down extra blood cells. All babies' bodies break down extra red blood cells after being born as part of getting used to life outside the womb. The liver gets rid of extra bilirubin, but many times a newborn's liver cannot get rid of it as fast as it is made. Jaundice is common in babies during the first weeks after birth — about half of all newborns appear jaundiced (the whites of the eyes and skin have a yellow cast) during this time. Therefore, this kind of jaundice is called “normal” or “physiologic jaundice.” In most cases, it is harmless and the baby does not need treatment. It will usually go away by itself in 2 to 3 weeks.



If you are told that your baby needs treatment for jaundice, you might become very worried. Some doctors suggest feeding a jaundiced baby with formula for a couple of days, but this is not needed. Breastfed babies tend to have higher bilirubin levels, but breastfeeding itself does not cause jaundice. In fact, frequent breastfeeding will help lower bilirubin levels since it leaves the body in the baby's stools. So breastfeeding can be part of your baby's treatment plan. Tell your doctor that breastfeeding is important to you. Your doctor might treat the baby with phototherapy, or putting your baby under special lights to speed up getting rid of the bilirubin.

If your baby is jaundiced and sleepy, you should wake your baby for breastfeeding. High bilirubin levels can make babies more sleepy. So, frequent breastfeeding will help prevent your baby from losing weight too.

If you go home from the hospital and your baby still looks jaundiced after 2 to 3 weeks of age, talk with your baby's doctor about other tests your baby might need.



### **Can I breastfeed if I have to go back to work or school?**

Yes! You can do it! Breastfeeding keeps you connected to your baby, even when you are away. Many places of work are willing to set up special rooms for mothers who pump. After you have your baby, try to take as much time off as you can, since it will help you get used to breastfeeding and also reduce the number of months you may need to pump your milk while you are at work.

If you plan to have your baby take a bottle of expressed breast milk while you are at work, you should start giving your baby to a bottle close to 4 weeks old. Otherwise, the baby might not accept the bottle later on. Once



your baby is comfortable taking a bottle, it is a good idea to have dad or another family member offer a bottle of pumped breast milk on a regular basis so the baby stays in practice.

Let your employer and/or human resources manager know that you plan to keep breastfeeding once you return to work. Before you return to work, or even before you have your baby, start talking with your employer about breastfeeding. Don't be afraid to ask for a clean and private area where you can pump your milk. If you don't have your own office space, you can ask to use someone else's office during certain times. Or you can ask to have a clean, clutter free corner of a storage room. All you need is a chair, a small table, and an outlet if you are using an electric pump. Many electric pumps also can run on batteries and don't need an outlet. You can lock the door and place a small sign on it that asks for some privacy. You can pump your breast milk during lunch or other breaks. You could suggest to your employer that you are willing to make up work time for time spent pumping milk.

After pumping, you can refrigerate your milk, place it in a cooler, or freeze it for the baby to be fed later. You can even leave it at room temperature for up to 6 hours if you don't have access to a refrigerator. Many breast pumps come with carrying cases that have a section to store your milk with ice packs.

**Many employers are NOT aware of state laws that say they have to allow you to breastfeed at your job. Under these laws, your employer is required to set up a space for you to breastfeed and/or allow paid/unpaid time for breastfeeding employees. To see if your state has a breastfeeding law for employers, go to <http://www.lalecheleague.org/LawBills.html> or call us at 1-800-994-9662.**



## How much do breast pumps cost, and what kind is best?

Breastfeeding mothers have many options when it comes to pumps. Some pumps work better than others. Their prices vary also. Manual pumps (that you pump with your hand) cost under \$50. Electric pumps that include a carrying case and an insulated section for



storing milk sell for over \$200. You can rent some pumps for either a short or long time from some hospitals, pharmacies, or pump companies. You can buy some pumps at baby supply stores or general department stores. Most high-grade, automatic pumps have to be bought or rented from a lactation consultant at a local hospital or from a breastfeeding organization.

Many mothers with jobs decide to buy or rent pumps with the ability to pump both breasts at once (double pumping). Double pumping is faster and can give you more milk each time, so you don't need as much time from your workday to pump. Compared to the cost of formula, which may be more than \$100 a month, even a top-of-the-line pump is easy to afford. If you are a WIC participant, your local WIC agency may provide one for free. Ask other mothers or a breastfeeding counselor about which pumps they like or have tried. You also can learn to express milk by hand.

## How do I store my pumped breast milk?

You can store your breast milk:

- at room temperature for up to 6 hours (in a bottle or breast milk plastic storage bag)
- in the refrigerator for up to 8 days (in a bottle or breast milk plastic storage bag)





- in the freezer for 2 to 6 months (in a breast milk plastic storage bag)

To thaw and warm frozen breast milk, leave it in the refrigerator overnight or put it under warm, running water or in a bowl of warm water. It will thaw quickly. Don't microwave it. Microwaving breast milk will kill the antibodies and it may be so hot it will burn your baby. Do not refreeze your breast milk. It needs to be used within 24 hours after thawing.



### **How do I breastfeed outside my home?**

There are ways you can easily breastfeed in public, although you don't have to breastfeed in public if you don't want to. Many mothers often feel strange about it at first, but feel better as they gain experience. Most of the time, other people don't even notice mothers who are breastfeeding their babies. If you breastfeed when you are out in public, you won't have to carry feeding supplies, and your baby's milk is always fresh.

Here are some ideas to try:

- If your trip will be short, time it so you can breastfeed just before leaving and right after you return home.
- Breastfeed before your baby becomes fussy so that you can get into a comfortable position for feeding.
- Sit in your car to feed your baby.
- Wear clothes that allow your baby to breastfeed while you stay well covered up, such as button-down shirts. You also can buy breastfeeding clothes, a nursing cover, or baby sling at maternity stores, some department stores, through mail order, and through online stores.
- Use a blanket to cover your baby and your breast.
- Find a women's lounge or sitting area (shopping malls and larger department stores often have these).



- Go to a women's changing room in a clothing store.
- Turn your chair so you are facing slightly away from other people. If you are at another person's home, ask your host if you can use another room.

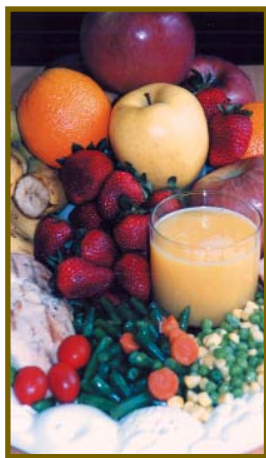
After you and your baby have learned to breastfeed well (after 4 weeks), you can give your baby a bottle of pumped breast milk when you are out. If you have confidence in what you are doing, other people's reactions won't bother you as much. You get to decide what to do with your baby, and you are the only who knows what will make you comfortable.

### **Should I give my baby water, formula, or cereal?**

No. Your milk is all your baby will need for the first 6 months, even in hot weather. You don't need to give your baby water, juice or a breast milk substitute. Research shows that babies are healthier if other foods are delayed. A newborn baby's digestive system is very sensitive. Waiting 6 months helps protect your baby from food allergies and from diseases that cause diarrhea. You can start giving your baby solid food at 6 months old.

If you are worried that your baby is thirsty or not getting enough milk, count diaper changes or call your health care provider or the Breastfeeding Helpline (in English or Spanish) at 1-800-994-9662.

### **What foods do I need to eat?**



The same kinds of foods you ate during your pregnancy are ideal to eat while breastfeeding. If you notice that your baby is fussy after you eat certain foods, avoid them and then try eating them again several weeks later. There are no foods that need to be avoided, unless it is part of your tradition or customs to do so. If you drink coffee, 1 to 2 cups a day is okay. Or, if you drink soda with caffeine or several ounces of chocolate, it will probably not bother the baby either. But, if you notice that your baby is sleeping less and seems fussy, try cutting back on foods and beverages that have caffeine.



## **Is it safe to take medications while breastfeeding?**

Always talk with your health care provider before taking any medications. Most medications pass into your milk in small amounts.

If you take medication for a chronic condition such as high blood pressure, diabetes, or asthma, your medication may already have been studied in breastfeed-

ing women, so you should be able to find information to help you make an informed decision with the help of your health care provider. Newer medications and medications for rare disorders may have less information available. The American Academy of Pediatrics has information about many prescription and over-the-counter medications posted on their web site at: [www.aap.org](http://www.aap.org) .



## **Can I breastfeed if I get sick?**

If you get sick, keep breastfeeding. Your baby is exposed to the germs before you know that you are ill, whether you are breastfeeding or not. If your baby gets sick, breastfeeding will help your baby get better quicker.

## **Should I breastfeed if I am living with HIV/AIDS?**

No. You should not breastfeed your baby if you are living with HIV/AIDS because you can pass the virus to your baby through your breast milk. You might want to purchase donor breast milk from a milk bank to feed your baby. Call the Human Milk Banking Association of North America at 919-350-8599 for help.

## **Can I breastfeed if I use street drugs?**

It is important not to breastfeed if you will be using street drugs, even once in a while, while breastfeeding. Street drugs go into the breast milk and can stay there for many days, harming your baby.



## **Can I breastfeed if I smoke or drink alcohol?**

In their most recent statement on the subject, the American Academy of Pediatrics announced that newer research seems to show that the good effects of breastfeeding outweigh the bad effects from the mother's smoking. For example, babies who are exposed to second-hand smoke (smoke from people around them) have a higher rate of upper respiratory infections, but breastfeeding helps protect babies from these illnesses. It is always better to quit smoking. If you can't quit, try cutting down during the time you are breastfeeding. You and your baby will both be healthier.

Light drinking by a breastfeeding mother has not been found to be harmful to a breastfeeding baby. Larger amounts of alcohol may make your baby sleepy or dizzy and may affect his or her growth over time.

## **I've heard that breastfed babies may not get enough vitamin D. What does this mean for my breastfed baby?**



The American Academy of Pediatrics (AAP) published a statement in April 2003 saying that some babies are at risk for vitamin D deficiency (not having enough vitamin D in their bodies) and rickets. Rickets is a bone-softening disease caused by not getting enough sunlight and/or vitamin D in the body.

Vitamin D helps your baby build strong bones. Sunlight can be a major source of vitamin D, but it is hard to measure how much sunlight your baby gets. Things like where you live, the amount of pigment in your baby's skin, how much time your baby is in the sun, and the use of sunscreens all affect how much vitamin D your baby's body can make from sunlight. The AAP suggests that all infants, including those who are exclusively breastfed and those who are fed formula, have at least 200 International Units (IU) of vitamin D per day, starting during the first 2 months of life.



This amount of vitamin D should be continued throughout childhood and adolescence. You can buy vitamin D supplements for infants at a drug store or grocery store. Talk with your baby's doctor to make sure your baby gets the right amount of vitamin D.

### **How can my husband or boyfriend help?**

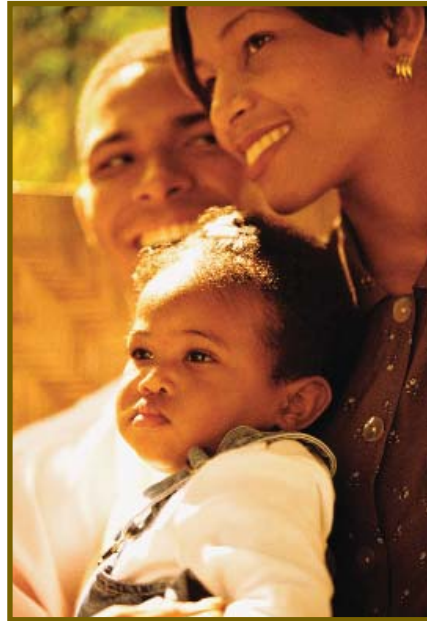
Fathers play an important role in breastfeeding, and if you prepare him in advance, he should support your decision to breastfeed. He can be there to support and encourage you while you and the baby are learning to breastfeed. Explain that you want and need his support.

Invite him to go with you to your prenatal visits so that you both can learn together about pregnancy and taking care of the baby. Attend a breastfeeding class together.

Explain to him the important benefits of breastfeeding. You can tell him that breastfeeding will give his child the best start in life, with benefits that will last well into childhood.

Tell him he won't have to get up in the middle of the night to make bottles, which means he can get more rest.

Be sure to say how much money he'll save. Tell him it will cost hundreds of dollars to pay for formula — money that could go to bills, savings, shopping, or a vacation. He can help by dating and freezing the breast milk you pump. When you're ready to give your baby a bottle of breast milk, he can feed the baby while you run an errand or take time for yourself. He can help with changing and burping the baby, and sharing chores. He can enjoy the beauty of breastfeeding by simply sitting with you and the baby to enjoy the special mood that breastfeeding creates.



## **Why should I talk to my doctor or health care provider about breastfeeding?**

Talking to your health care provider will help you learn his or her views on breastfeeding and find out what kind of support for breastfeeding he or she offers. Most pediatricians in the United States agree that human milk is superior for infant feeding.

Your health care provider or your child's pediatrician should offer you accurate, easy-to-understand breastfeeding information. Some clinics and doctor's offices offer the services of a board certified lactation consultant to help with breastfeeding. See the section on page 31 for questions to ask at your next doctor or health care provider visit.

## **What is being done to educate African American parents about breastfeeding?**

It is clear that there is a need for more breastfeeding programs in the African American community.



### **African American Breastfeeding Alliance, Inc. (AABA)**

— AABA is the first organization whose sole purpose is to promote breastfeeding to African American mothers, fathers and families. AABA's goals are to: improve the overall health status of African American babies; increase access to breastfeeding information for African American parents; and create a breastfeeding-friendly culture within

the African American community. AABA's programs include: the African American Breastfeeding Campaign, Peer Counselor Training, Breastfeeding Hotline, Breastfeeding Drop-In Clinic, Roundtable Discussions and Comprehensive Research Initiatives. An emphasis is placed on producing publications and videos that show African American women breastfeeding their babies. Call toll-free 1-877-532-8535 for more information.



**U.S. Department of Health and Human Services' Office on Women's Health** — In October of 2000, U.S. Surgeon General David Satcher issued *The HHS Blueprint for Action on Breastfeeding*, the first comprehensive framework to increase breastfeeding rates and promote the best breastfeeding practices. The Blueprint states, "Significant steps must be taken to increase breastfeeding rates in the United States and to close the wide racial and ethnic gaps in breastfeeding. This goal can only be achieved by supporting breastfeeding in the family, community, workplace, health care sector, and society." Visit [www.womenshealth.gov](http://www.womenshealth.gov), or call the **National Breastfeeding Hotline at 1-800-994-9662, TDD: 1-888-220-5446.**

## Where to find help with breastfeeding...

One of the most important things to remember about breastfeeding is to ask for help if you need it. Here are resources to help you answer breastfeeding questions:

### **African American Breastfeeding Alliance**

1-877-532-8535 (toll-free)



### **National Women's Health Information Center (NWHIC)—Breastfeeding Helpline and Web Site**

**PHONE:** 1-800-994-9662 (in English and Spanish)

**TDD:** 1-888-220-5446

**INTERNET:** [www.womenshealth.gov/breastfeeding](http://www.womenshealth.gov/breastfeeding)

We are available 9 a.m.– 6 p.m., Monday through Friday, EST. If you call during times that the Helpline is not staffed, leave a message and you will be called back on the next working day. The Breastfeeding Helpline is a project of the U.S. Department of Health and Human Services and is



staffed with trained breastfeeding peer counselors. For serious problems, you will be referred to a health care provider. We do not give medical advice. The Helpline also offers a breastfeeding pamphlets on basic breastfeeding issues and on special breastfeeding situations. You also can order Easy Guides to Breastfeeding in Spanish or Chinese, and for African American and American Indian and Alaska Native women and their families.

### **Lactation Consultants or Breastfeeding Counselors**

A breastfeeding counselor or lactation consultant is a professional health worker trained to help new families be successful with breastfeeding. If a breastfeeding counselor or lactation consultant uses the initials “IBCLC,” they have been certified by the International Board of Lactation Consultant Examiners. To find an IBCLC nearby, check the IBCLC organization web site at [www.ibclc.org](http://www.ibclc.org) for a list of all the currently certified IBCLCs who are registered in the United States. You can also look in your local yellow pages under “Breastfeeding.”



### **La Leche League International**

Phone: 1-800-LA LECHE or 1-847-519-7730 (the number for the LLLI business office to find a Leader near you using your zip code)

La Leche League International (LLLI) also offers valuable breastfeeding information. LLLI leaders are volunteers who give one-on-one help to breastfeeding mothers on the phone or at monthly group meetings. To find a LLLI leader in your area, find the listing for your state or territory on the LLLI web site at [www.lalecheleague.org](http://www.lalecheleague.org). You may also find information about your local group in local phone listings or at the library, or watch for announcements in your local newspaper. The LLLI web site has a lot of breastfeeding information, such as FAQs and many personal stories from mothers. The LLLI catalogue offers books and pamphlets on breastfeeding, childbirth, nutrition and parenting. Call us to receive a copy of the catalogue by mail or check out the online version at our web site.





## Questions to ask your health care provider about breastfeeding...

How do I prepare myself for breastfeeding at home, at work, and at the hospital?

Home

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Work

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Hospital

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Do you know of any support groups for African American breastfeeding mothers?

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Can I speak to your other patients who have breastfed?

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What will hospital staff do to help me with breastfeeding? Are there lactation consultants there to help me? If so, how do I set up a time to meet with them?

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Can my baby stay in my room at the hospital instead of the nursery?

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What are your suggestions for breastfeeding with flat or inverted nipples?

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Do I need to give my baby any vitamin supplements?

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